

NTP MED COMPLIANCE CHART REVIEW TOOL

Audit Date:	
Audit Timeframe:	

Provider/Modality/LOC:	
Name/Title:	
Hire Date:	

There is evidence of the following included in the person served's

	Y	N	NA	%	Comments/Evidence of Compliance	Class	Reference
1.0 POLICIES AND PROCEDURES							
1				#DIV/0!	NTP has a P&P for medication which describes:	Q	9 CCR § 10255 & 10265
				#DIV/0!	a) Records which will be kept reconciled daily	Q	
				#DIV/0!	b) Amounts of medications received, on hand and administered or dispensed to patients	Q	
				#DIV/0!	c) Names of staff who compound medications and who administer medication	Q	
				#DIV/0!	d) Source or supplier of medications and the form of medications to be purchased for the program	Q	
				#DIV/0!	e) The name of the person who will purchase medications and documentation of the federal authorization to do so	Q	
				#DIV/0!	f) Name and function of anyone other than a staff member who handles the medications	Q	
				#DIV/0!	g) Method used to transfer medications within and between facilities	Q	
				#DIV/0!	h) Security provisions in which medications will be stored or diluted	Q	
				#DIV/0!	i) The names of the individuals with keys to where the medications are stored	Q	
2				#DIV/0!	NTP has P&P for medication dosage levels (Detox):		9 CCR § 10355
				#DIV/0!	a) Detoxification dosage levels		
				#DIV/0!	b) The medical director or program physician shall individually determine each patient's medication schedule based on the following criteria:		
				#DIV/0!	1) Medications shall be administered daily under observation		
				#DIV/0!	2) Dosage levels shall not exceed that which is necessary to suppress withdrawal symptoms		
				#DIV/0!	3) Schedules shall include initial, stabilizing and reducing dosage amounts for a period of not more than 21 days		
				#DIV/0!	c) The medical director or program physician shall record, date and sign in the patient's record each change in the dosage schedule with reasons for such		
				#DIV/0!	d) Detoxification dosage levels are specific to Methadone		
				#DIV/0!	e) The first day dose of methadone shall not exceed 30 milligrams unless:		
				#DIV/0!	1) The dose is divided and the initial portion of the dose is not above 30 milligrams		
				#DIV/0!	2) The subsequent portion is administered to the patient separately after the observation period prescribed by the medical director or program physician		
				#DIV/0!	f) The total dose of methadone for the first day shall not exceed 40 milligrams unless the medical director or program physician determines that 40 milligrams is not sufficient enough to suppress the patient's opiate abstinence symptoms and documents the basis for his/her determination in the patient record		
3				#DIV/0!	NTP has P&P regarding maintenance levels:	Q	9 CCR § 10355
				#DIV/0!	a) Maintenance dosage levels	S	
				#DIV/0!	b) NTP furnishing maintenance treatment shall set forth in its protocol the medical director or program physician's procedures for medically determining a stable dosage level that:	S	
				#DIV/0!	1) Minimizes sedation	S	
				#DIV/0!	2) Decreases withdrawal symptoms	S	
				#DIV/0!	3) Reduces the potential for diversion of take-home medication	Q	
				#DIV/0!	c) Deviations from these planned procedures shall be noted by the medical director or program physician with reason for such deviations, in the patient's record	S	

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	d) The medical director or program physician shall review the most recent approved product labeling for up-to-date information on important treatment parameters for each medication - Deviation from doses, frequencies and conditions of usage described in the approved labeling shall be justified in the patient's record				#DIV/0!		S	
	e) The medical director or program physician shall review each patient's dosage level at least every three months				#DIV/0!		S	
	f) Maintenance dosage levels specific to methadone				#DIV/0!		S	
	g) The medical director or program physician shall ensure that the first day dose of methadone shall not exceed 30 milligrams unless:				#DIV/0!		S	
	1) The dose is divided and the initial portion of the dose is not above 30 milligrams				#DIV/0!		S	
	2) The subsequent portion is administered to the patient separately after the observation period prescribed by the medical director or program physician				#DIV/0!		S	
	h) The total dose of methadone for the first day shall not exceed 40 milligrams unless the medical director or program physician determines that 40 milligrams is not sufficient to suppress the patient's opiate abstinence symptoms and documents in the patient's record the basis for his/her determination				#DIV/0!		S	9 CCR § 10355
	i) A daily dose above 100 milligrams shall be justified by the medical director or program physician in the patient's record				#DIV/0!		S	
4	If the medical director determined to dilute TH's, this decision has been documented in the person served's record *Updated Title 9 regulations effective as of 7/1/2020				#DIV/0!		Q	9 CCR § 10260
5	For the purposes of determining the number of TH's, a split dose is considered a one-day TH supply *Updated Title 9 regulations effective as of 7/1/2020				#DIV/0!		Q	9 CCR § 10386
2.0 MEDICATION HANDLING AND SECURITY								
6	Medication handling and security:				#DIV/0!		Q	
	a) NTP maintains accurate records of medications traceable to specific patients (showing dates, quantity and batch code marks)				#DIV/0!		Q	9 CCR § 10255 & 10265
	b) Records are maintained by a physician, pharmacist or health professional				#DIV/0!		Q	
	c) Records are maintained for a period of 3 years				#DIV/0!		Q	
	d) Adequate security of stocks				#DIV/0!		Q	
3.0 MEDICAL INFO FOR PATIENT FILE								
7	The following are documented in the patient file:				#DIV/0!		Q	
	a) Physical exam, including laboratory results for required tests and analyses by Medical Director or physician				#DIV/0!		Q	9 CCR § 10270 & 10165
	b) Medical history which includes history of illicit drug use				#DIV/0!		Q	
	c) Organ systems review				#DIV/0!		Q	
	d) Vital signs				#DIV/0!		Q	
	e) Examination of head, ears, eyes, throat, chest, abdomen, extremities, skin and general appearance				#DIV/0!		Q	
	f) Assessment of neurological system				#DIV/0!		Q	
	g) Overall impression, including identification of medical conditions or health problems which warrant treatment				#DIV/0!		Q	
	h) TB test				#DIV/0!		S	9 CCR § 10270 & 10165
	i) Test for narcotic drug use				#DIV/0!		Q	
	j) Test for syphilis				#DIV/0!		S	
8	Certification of fitness for replacement narcotic therapy by physician as evidenced by one year history: *Updated Title 9 regulations effective as of 7/1/2020				#DIV/0!		Q	

There is evidence of the following included in the person served's

	Y	N	NA	%	Comments/Evidence of Compliance	Class	Reference
a) An applicant who has resided in a penal or chronic care institution for one month or longer may be admitted to maintenance treatment within six months of release without documented evidence to support findings of physical dependence, provided the person would have been eligible for admission before he or she was incarcerated or institutionalized and in the clinical judgment of the medical director or program physician, treatment is medically justified *Updated Title 9 regulations effective as of 7/1/2020				#DIV/0!		Q	9 CCR § 10270
b) Previously treated patients who voluntarily detoxified from maintenance treatment may be admitted to maintenance treatment without documentation of current physical dependence within two years after discharge, if the program is able to document prior maintenance treatment of six months or more and in the clinical judgment of the medical director or program physician, treatment is medically justified - Patients admitted pursuant to this subsection may, at the discretion of the medical director or program physician, be granted the same take-home step level they were on at the time of discharge *Updated Title 9 regulations effective as of 7/1/2020				#DIV/0!		Q	
9 There is documented evidence and final determination from the Medical Director of physical dependence and addiction to opiates:				#DIV/0!		S	9 CCR § 10270
a) Observed signs of physical dependence OR results of initial test or analysis for illicit drug use				#DIV/0!		S	
10 Regarding withdrawal management , patient's record has evidence of the following:				#DIV/0!			9 CCR § 10270
a) At least 7 days lapse since termination of immediately preceding episode of withdrawal management (if applicable)				#DIV/0!			
b) Signed attestation by the patient				#DIV/0!			
c) Ensure patient is not in the last trimester of pregnancy (if applicable)				#DIV/0!			
d) Evidence confirming history of at least two (2) years of addiction to opiates by Medical Director (exceptions may be made by MD based on patient's health endangering situations)				#DIV/0!			9 CCR § 10270
e) If patient is under 18, written consent of parent(s) or guardian prior to administration of first medication dose OR evidence of the 2 + 2 exception unsuccessful attempts at short term detox within a twelve (12) month period *Updated Title 9 regulations effective as of 7/1/2020				#DIV/0!			
11 Patient has been re-evaluated by program physician no later than 60 days following termination of pregnancy to determine appropriateness of continued maintenance treatment				#DIV/0!		S	9 CCR § 10270
12 There is evidence that the Medical Director is placing patients in treatment				#DIV/0!		Q	9 CCR § 10110
13 There is evidence of initiating, altering and determining replacement narcotic therapy medication and dosage amounts by the Medical Doctor				#DIV/0!		S	9 CCR § 10110
14 The reasons for changes in dosage levels and medication have been documented				#DIV/0!		S	9 CCR § 10355
15 The medication orders have been signed by a physician				#DIV/0!		Q	9 CCR § 10165
16 There is evidence of periodic review or evaluation by the Medical Director (at least annually)				#DIV/0!		Q	9 CCR § 10165
17 There is evidence that the Medical Director documented a hospital's or attending physician's summary of the deliver and treatment outcomes for the patient and newborn OR evidence of having requested such information from the hospital - Pregnancy is documented in the patient's record and the Medical Director has reviewed, signed and dated confirmation of pregnancy				#DIV/0!		Q	9 CCR § 10360
18 There is evidence of accepting medical responsibility for patient's prenatal care OR evidence of verification patient is under the care of a licensed physician				#DIV/0!		S	
19 There is evidence of prenatal instruction by Medical Director or licensed health personnel - The patient's record documents that the patient was informed of risks to patient and unborn child from continued use of illicit and legal drug, including premature birth, benefits of narcotic replacement therapy and risk of abrupt withdrawal from opiates, including premature birth and the importance of attending all prenatal care visits				#DIV/0!		S	9 CCR § 10360

